MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045825
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11138**

FILED NOV 22 1963

DO NOT WRITE ON THIS STUB   AMENDED

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY	a. STATE **Missouri** COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** — Length of stay in 1b	c. CITY OR TOWN **St. Louis** — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Homer G. Phillips** — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS **3723 Lincoln** (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First **Grady**	Middle	Last **Moore**	4. DATE OF DEATH	Month **11**	Day **7**	Year **63**

5. SEX **Male**	6. COLOR OR RACE **Negro**	7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐	8. DATE OF BIRTH **1-16-1907**	9. AGE (last birthday) **56**	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None Retired**	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) **Shreveport La.**	12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **John Moore**	13b. MOTHER'S MAIDEN NAME **Marrah Jackson**	14. NAME OF HUSBAND OR WIFE **Ruth B. Moore**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes W.W 11**	16. SOCIAL SECURITY NO.	17. INFORMANT **Maurine Lyons** Address **3723 Lincoln**

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	**Pneumonia**	**Undet.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	**Aspiration**	
DUE TO (c)	*491X*	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **10-29-63** , to **11-7-63** and last saw him alive on **11-7-63**

Death occurred at **5:35 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *(signature)* (Degree or title)	22b. ADDRESS **2601 N. Whittier**	22c. DATE SIGNED **11-8-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**	23b. DATE **11-13-63**	23c. NAME OF CEMETERY OR CREMATORY **Jonesboro La.**	23d. LOCATION (City, town, or county) **Jonesboro La.** (State)

24. FUNERAL DIRECTOR ADDRESS **Harris-Boyd Mortuary 3706 Finney**	25. DATE RECD. BY LOCAL REG. **NOV 12 1963**	26. REGISTRAR'S SIGNATURE *Carl Smith, M.D.*

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Henry William_____
        Signature of Student Embalmer

Licensed Embalmer No. _4781_

P. O. Address _3706 Finney_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.